

CONTINUED EMPLOYMENT AGREEMENT

This form has been approved by the Michigan Department of Human Services for use by a home for the aged or an adult foster care home as a condition of continued employment, independent contract with, or (for HFA only) granting of clinical privileges to an individual who provides direct services to residents. **A home for the aged or an adult foster care home may use this model form or create its own form that meets the minimum statutory requirements.**

Name of LICENSEE _____

Name of FACILITY _____

Name of INDIVIDUAL _____

Check one:

☐
☐
☐

Employee
Independent Contractor
Granted Clinical Privileges (HFA only)

As a condition of continued employment, independent contract, or clinical privileges, I agree that I will report to the home for the aged/adult foster care home, immediately upon being arrested for or convicted of 1 or more of the criminal offenses listed below:

- (a) A felony or an attempt or conspiracy to commit a felony;
- (b) A misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in section 145m of the Michigan Penal Code, 1931 PA 328, MCL 750.145m, or a state or federal crime that is substantially similar to a misdemeanor described in this statement.

NOTE: MCL Section 750.145m defines “vulnerable adult” as 1 or more of the following: (i) An individual age 18 or over who, because of age, developmental disability, mental illness, or physical disability requires supervision or personal care or lacks the personal and social skills required to live independently; or (ii) A person 18 years of age or older or a person who is placed in an adult foster care family home or an adult foster care small group home; or (iii) A vulnerable person not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited.

SIGNATURE _____

DATE _____